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WHAT THE GENERAL PRACTITIONER SHOULD KNOW OF THE THROAT AND NOSE.

BY

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At the solicitation of many general practitioners, the writer has determined to add this paper to a series already written for the benefit of general practitioners on similar special topics. (See *Virginia Medical Monthly*, articles on "Ophthamology and Otology for General Practitioners")

The aim of this article will be to present a synopsis of the *diagnosis and treatment* of such diseases of the throat and nose as commonly fall to the care of the average physician in daily practice—such diseases, in fact, as the writer himself, a general practitioner, prescribes for daily in his own practice in a city of about ten thousand inhabitants.

The instruments needed are: One Bosworth's nasal speculum, one probe, Jarvis' polyp-snare, one set of Newman's or Sass' spray tubes, with attachments, one good tongue depressor, cotton holder, post nasal syringe, head mirror, two throat mirrors—one, one inch in diameter, for the larynx, and one five eighths of an inch in diameter for the posterior nares, one Smith's powder blower, one Mathieu's tonsili

tome, and one Gross' extractor for foreign bodies. These will serve the purpose admirably.

Beginning with the nose: Seat the patient to be examined before a window or Argand burner; put on the head-mirror; tilt the patient's head backwards until the nose comes well into the focus of your mirror; place the thumb of the left hand on the tip of the patient's nose, and press upwards and backwards; introduce your speculum, which will flare open the alæ and expose everything thoroughly. Once get the use of the forehead mirror well fixed, and there is no trouble about operating. The writer again calls attention to the necessity of learning this art of illuminating, at the risk of being tedious; but it is an art so simple, so easily acquired, and one so few practitioners take advantage of, that he feels justified in again directing attention to it. I myself would feel as completely at sea without my head mirror as without a thermometer at the bedside of a feverish patient. Remembering that these articles are intended to *simplify and condense* special subjects, we will proceed.

The *special* diseases of the *nose* are:

1st Foreign bodies.
2d. Acute coryza.
3d. Chronic nasal catarrh.
4th. Ozena.
5th. Syphilis.
6th. Tumors.
7th. Deviations.
8th. Nose bleed.

Foreign bodies can often be removed by the simple device of closing the *free* nostril, putting the lips well over the child's mouth, and blowing forcibly into the throat. I have succeeded thus, time and again, much to the delight of timid mothers, who fear even the semblance of an instrumental extraction. When this fails and the child is very restive, I administer chloroform and use Gross' extractor, which has never yet failed me; sometimes, when the body is soft, it can be impaled with a long needle and teazed out.

All this is best done with the illumination of the head-mirror—the child sitting before you in some one's lap.

When *an acute coryza* cannot be aborted by one or two doses of quinine and Dover's powder (ten grains each for an adult) and a hot foot bath, then Hager's remedy may be used, or a prescription which was a great favorite with my most excellent teacher and a successful practitioner, Dr. Bosworth, of New York city, viz: Bismuthi, one dram, morphine, gr. ij. Mix and snuff up the nose as required.

Chronic nasal catarrh.—The symptoms are those of a chronic cold in the head, a disposition for mucous to slip down the throat upon arising in the morning, obstructed breathing and tendency to staining the handkerchief with blood, when suffering with fresh accessions of cold, disagreeable hawking, etc. The true and only *exact way* to observe this disease, though, is to look behind the velum palati and see the condition of the turbinated bones and their mucous covering, which will give the whole status at a glance, whether ulceration or simply thickening is present, the amount, etc. Adjust the forehead-mirror as before; let the patient breathe through his *nose;* depress the tongue with the tongue spatula, holding it with the thumb and forefinger of the left hand, with the middle finger knuckle under his chin, warm the little mirror, and carry it back behind the velum, when you will see an exact image of the posterior nares. If the velum *hug* the posterior pharyngeal wall too closely, let the patient pronounce the French word "*en*" (or say "*ong*") which will cause the velum to fall forward and give you a glimpse of the parts. If catarrh exists, the mucous membrane covering the turbinated bones will be found thickened and covered with pus or mucus; in the atrophic variety of catarrh (which comes on late in the course of the hypertrophic catarrhs) this membrane is pale and atrophied, though still secreting abnormal products. The most skillful operators are sometimes baffled in their attempts to see these parts, but generally there is but little difficulty if the operator will only keep up a *steady focus* and be patient; with a

docile patient I can teach a student the manœuvre in a few moments.

The following treatment has been most successful in my hands: Syringe out the posterior nares daily with Dobell's solution, viz: Acid carbolic, gtt. xlv; sodæ bicarbonate, sodæ biborate, aa two drams, glycerinæ, two drams, aquæ, q. s. twelve drams. Mix. This should be done with the post nasal syringe, guided by the light of the head mirror, the patient depressing his own tongue; pass the beak of the syringe behind the velum and discharge a small quantity of the solution at first from the instrument until the patient becomes accustomed to its use. Then throw all in, and let it run out of the nose into a basin held in the patient's lap. If the operator prefer not to use the mirror, let the patient face the light, and let the operator stand instead of sit, and proceed as before, using the *direct* light of the window instead of the reflected light. This manœuvre requires less technical skill than almost any other required in the treatment of these affections, and can be accomplished by any one. The ring on the piston rod of the syringe should rest on the thenar eminence of the operator's thumb, and not encircle the end of the thumb as it is commonly used. This ensures against entangling the beak in the fold of the soft palate and lacerating it. The syringe should hold about two ounces.

After using three or four syringefuls of the solution, then spray the throat and nose well with glycerole of tannin, one dram, to water, one ounce. This done, touch the throat and vault of the pharynx with a twenty grain solution of nitrate of silver. To swab the vault well, use a cotton-wrapped probe applicator; let the roll of cotton be about three-eighths of an inch in diameter, and about three-quarters of an inch in length. The probe should be of soft metal, and the portion wrapped with cotton should be turned up at almost a right angle with the shaft of the instrument. Dip this into the twenty grain solution; let the patient depress his own tongue; breathe through the nose, and you can then very readily pass the probe behind the velum. Press it firmly

against the vault, and retain a few moments. Repeat these applications every other day until the mucous membrane becomes healthy in color and the secretions are normal in character and quantity. A soft iron knitting needle, roughened at the extremity, and set in a soft wooden handle, will do for a probe applicator.

I always give the patient a nasal douche besides, although many otologists object to it. I have used them time and again without a single mishap; indeed I have a number of small children using them almost all the time. I direct them to put a table-spoonful of salt and a tea-spoonful of fluid extract of witch hazel to each quart of water, and use night and morning, *luke-warm.*

In all cases, attention must be paid to the general health, and great care taken to prevent fresh seizures of cold. The patient should sleep, in winter, in a room without fire, and keep the feet warm and dry. I like, as a tonic alternative, Dr. Goodell's mixture of the "four chlorides," viz.:

R.	Hydrarg. bichloride, . .	gr. j-ij
	Liq. arsen. chlorid., . .	one dram
	Acidi hydrochlorici, dil.,	
	Tinct. ferri chloridi, aa, . .	two drams
	Syr. zinziberis, . . .	two ounces
	Aquæ, q. s., . .	six ounces

M. Sig.: Two tea spoonfuls three times daily in water after meals.

In some cases it becomes necessary to remove the hypertrophied mucous membrane to remove the obstruction to breathing. This can be done by caustics, etc., but the best way is by Dr. Jarvis' snare.*

This operation is one of the radical means of treating this trouble, and is very successful. The writer was working in the same clinic, assisting Drs. Jarvis and Bosworth, when the former devised and perfected this operation. It is not difficult, and only requires time and patience. When done *slowly* there is little hæmorrhage.

*See Dr. Bosworth's book on the Throat and Nose.

In the atrophic catarrhs, irritating powders, as sanguinaria, diluted with three parts of lycopodium, should be blown up the nose and into the throat by Smith's powder blower, two or three times weekly, in addition to the detailed treatment.

Ozæna is recognized by its fetid odor and the presence of ulcers of the mucous membrane. It requires the same treatment as nasal catarrh, with the addition of insufflations of iodoform several times weekly with Smith's powder blower. I always give these cases mercury and iodide of potash, unless they are above suspicion. Under no circumstances do I omit these remedies if the bones be necrosed. Crusts and loose bones should be removed at once.

Syphillis of the nose, once seen, is never to be forgotton. Any *large* ulcers in this region are suspicious, and it will do no harm to use mercury and potash in all obstinate cases.

The tumors most commonly seen in this region are *gelatinous polypi* (myxomata). They are easily discovered on inspection with mirror and speculum, and very readily removed with Jarvis' snare. I have removed two or three at one sitting from the same person.* There is little danger of too much hæmorrhage, and no hesitation need be felt by any one who attempts the operation. The attention of the patient is first drawn to these tumors by the increasing obstruction to breathing, which is quite characteristic when the tumor is large.

The deviations of the septum are best left alone, unless causing much discomfort.†

Epistaxis, when profuse, is treated at the Bellevue clinic by tamponing with pledgets of cloth, saturated in a solution of ferric alum, twenty grains to the ounce of water, or else persulphate of iron, one to three. By using the mirror and speculum, the bleeding point can sometimes be seen, and the first pledget placed immediately over it. It is rare that the posterior nares has to be plugged also, if this tam-

*See Dr. Bosworth's book for the technique of these operations.

†See Bosworth for operations for this condition.

poning be well done anteriorly. I saw dram doses of ergot used successfully in Dr. Lewis Smith's clinic in the case of children, to check nose bleed.

The diseases of the tonsils are: 1. *Acute tonsillitis.* 2. *Acute follicular tonsillitis.* 3. *Hypertrophy of the tonsils.*

Acute tonsillitis is easily recognized, and should, if possible, be *aborted* by calomel purges and large doses of quinine and opium (twenty grains of quinine to one-quarter grain of morphine), repeated once or twice in the twenty-four hours, where the case is seen early. This failing, use tincture aconite root in three-drop doses every hour till the physiological effects become manifested. The ammoniated tincture of guaiac, in dram doses, every three hours, is also beneficial in modifying this affection.

There is one measure which deserves special mention in this connection, viz.: the scarification of the tonsils to relieve engorgement. It is seldom resorted to by general practitioners, who commonly avoid operative measures, in my experience, with unnecessary caution. It is wholly devoid of danger, and often gives striking relief—sometimes greatly to the discredit of the conservative attendant, who hesitates and allows others to do work which he himself should perform. Any long, sharp knife will do. With a tenotome or a narrow bistoury, wrapped to within an inch of the point, transfix the tonsil and cut towards the median line of the fauces. Make several incisions, and let the patient gargle lukewarm water to encourage free bleeding. I am thus particular in treating of this affection because it is sometimes a most distressing disease, and one requiring prompt and positive action.

Great relief is often afforded by the steam atomizer charged with sedative remedies; and by *hot* gargles (a dram of soda to a pint of *hot* water), and by hot, moist applications to the throat externally. There is little opportunity for brilliant treatment in this affection, save in those cases which yield promptly to scarification. It is unnecessary for me to say that this little procedure is best done with

the head-mirror to guide the hand. Every effort should be made to abort the disease with the remedies mentioned. Abcesses must be opened as soon as the tonsil *feels soft* to the touch, by the same methods that have been detailed for scarification.

Acute follicular tonsillitis is accompanied by a deposit, and is sometimes confounded with diptheria, from which it can be distinguished by the fact that the deposit is limited to the neighborhood of the follicles, and can be easily scraped off with a piece of soft white pine. The best test is to run a small probe into each little mass of deposit; if it passes into the distended follicle, the diagnosis is clear. Acute follicular tonsillitis, though often severe, is entirely devoid of danger, and yields readily to tincture of iron, which is, in my experience, a specific in its treatment. Purge the patient briskly with calomel, then give from ten to twenty drops of tincture of iron, with ten grains of chlorate of potash, in a half a dram each of water, and syrup of acacia, every two hours. Swab out the throat with a forty-grain solution of nitrate of silver once or twice; give antipyretic doses of quinine and aconite, if the fever runs high. The disease is soon checked by this treatment.

Hypertrophy of the tonsils is best treated by excision. Temporizing measures to please timid mothers are applications, daily, of powdered alum with a flat, wooden spatula, also of tincture of iodine and of chromic acid, one dram to water one ounce. But *excision* is the only remedy. The writer has never seen a troublesome hæmorrhage follow the operation, and his experience whilst with Drs. Bosworth and Jarvis was extensive. The operation was often entrusted to the youngest members of the special class, who performed it well and successfully. Dr. Warren Stone, of New Orleans, once a highly respected authority (now dead), used to say to his class, never operate until the child's breathing at night became distressing; then practice excision. Dr. Mackenzie, a noted British authority, says that a mixture of tannic acid two drams; gallic acid, six drams, water, one ounce, slowly

sipped, will check almost any hæmorrhage in this region. Application of the finger or sponge directly to the part is generally all that is necessary.

Elongated uvula, when annoying, should be cut off - retrenched in length. This is best done with long-handled scissors and dressing forceps. There is a popular fancy that this operation endangers the voice—an idea as erroneous as it is wide-spread. The writer removed a considerable portion of the uvula of the finest male voice in his section of the country without impairing vocalization in the least.

Before leaving the subject of diseases of the tonsils, I am particularly desirous of calling attention to the *treatment of diphtheria*, believing, as I do, that it is one of the diseases which demonstrates the success of skillful and specific medication. When once the deposit makes its appearance, there is little trouble in distinguishing the disease. The firmly adherent character of the membrane, its disposition to spread rapidly, its resemblance to wet chamois leather, together with the swollen cervical glands, form an unmistakable array of symptoms that strike terror to the heart of the anxious parent long before the doctor has come to confirm her apprehensions.

It is well not to commit one's self too freely in pronouncing upon the nature of commencing sore throat. Sometimes the deposit of diphtheria begins in the nose, and sometimes in the vault of the pharnyx, and travels downward—much to the confusion of the over-positive medical attendant. I have seen this happen more than once. I make it a rule, in all cases, to examine the *cervical glands*, and if I find them tumefied I guard my diagnosis, no matter how mild the throat symptoms may be.

In speaking of the treatment of diphtheria, I trust I may, with pardonable pride, say that my confreres in this city have long been conspicuously successful in the treatment of this terrible scourge. Particularly has Dr. C. D. Parke, an old and honored practitioner of this city, been unusually successful in his management of these cases. Long before

a line was ever written on the use of the muriated tincture of iron in the treatment of diphtheria, Dr. Parke was curing his patients with this agent with a speediness and certainty that has led him to regard it as a specific, so far as any remedy can be. His treatment is substantially as follows: If the mildness of the disease permits, he clears the bowels out well with a purgative; then he gives to even the *youngest* child the following mixture, *every hour, night and day*, until the disease yields:

R. Tinct. ferri chloridi . . three drams
Potass. chlorat . . . one dram
Syr. acaciæ,
Aquæ, aa . . . . . two ounces. Mix.

In severe cases, he begins with this immediately, without awaiting the action of the purgative. He tries to get a swallow or two of milk given between doses, which he thinks serves not only as nourishment, but to prevent the iron from upsetting the stomach and bowels. He uses no local treatment at all—in fact he denounces it as hurtful when the child resists. That Dr. Parke is eminently successful I can cheerfully testify.

The treatment successfully practiced by Dr. Peterson, of Greensboro, in this State, one of the most successful practitioners in the South, is almost the same. He gives more weight to the preliminary calomel purge, and uses the iron freshly dropped into glycerin and water, from ten to fifteen drops, gradually increased if the disease does not show signs of yielding. He uses no potash, but he mops the throat with equal parts of the tincture of iron and glycerin. Every one should read his most lucid and practical monograph on this subject, published in the Alabama State Medical Association's Transactions for 1881. There is no better article anywhere that relates to this subject.

I am anxious to *emphasize* this matter, believing, as I do, that this is, *par excellence*, the treatment of this deadly scourge. Such is my faith in iron, continuously and unremittingly used, in large doses, in this affection I should feel

myself guilty of criminal neglect did I not endeavor, by every means in my power, to persuade others into my own positive convictions on this subject. It has been the writer's privilege to witness the treatment of this disease in many quarters of our country; and he is sincere when he maintains that *no where* has he seen so large a percentage of recoveries in the treatment of this disease as in Central Alabama, under the plan above detailed. That iron is used by nearly all practitioners, the world over, in this disease, I am well aware; but that it is *correctly* used, I am not prepared to say; but I think many failures of success in treating diphtheria are due to the fact that the dose is not *large* enough, and not *persistently* and *unremittingly* given—*night and day*

It is in these points that the success of Dr. Parke's treatment becomes conspicuous. He never remits the treatment unless pains in the bowels occur or vomiting sets in. This, he claims, can be obviated by the free use of sweet milk. It looks like cruelty indeed to awaken the little sufferer from a sweet, refreshing sleep to force down its delicate and sensitive throat the constantly recurring dose But the hand of the physician is here emphatically that of the guardian angel, and he who neglects the golden moments that sleep is stealing, will often find too late his tender sympathy little else than criminal neglect.

The diseases of the larynx are not of so frequent occurrence, save in the different forms of croup in children, as the diseases hitherto described, and will occupy but little space in this article.

Every practitioner should be able to examine the larynx with mirrors, and be able to make applications; for though his cases be few, it reflects no credit upon him to have some younger man, fresh from the throat clinics, show up the details of a diseased larynx and make applications for him which often bring comfort and sometimes cure, whilst he sits by utterly incompetent to even suggest a means of relief. There is no reason why every doctor may not become a fair

laryngoscopist. Once acquired, the art is like those of swimming and dancing—easily recalled ever after.

Seat the patient before a bright light (window or Argand burner). Let him throw back the head until the upper teeth give a good view of the palate, when the mouth is opened. Put on the head mirror; throw a bright focus on the velum; gently clasp the tongue between the thumb and forefinger of the left hand and draw it forward as far as possible, without hurting it on the teeth: warm the little mirror by passing it lightly over a lamp chimney until it feels warm to the cheek; then introduce it into the mouth; press it gently against the velum in a direction upwards and backwards; and, in an instant, there will be presented a most beautiful picture of the vocal apparatus. I wish every physician could see this simple and beautiful manœuvre done once just to show how simply and easily it is accomplished. If the larynx should not show well, cause the patient to pronounce a prolonged eh-h-h-h several times in slow succession, which will bring the whole apparatus into view.

The commonest form of laryngeal trouble is *transient hoarseness*, which, however, often requires treatment. Take tincture of aconite and tincture of belladona, each, two drops, repeated every hour, with a little borax to dissolve slowly in the mouth. This will give the most prompt relief.

In the *croups of children*, Turpeth mineral is in great repute in this city as a safe and sure emetic when given in two-grain doses, repeated if necessary, with full doses of quinine when the attack recurs nightly.

Acute laryngitis in the adult, the reader will perhaps never see. Most of the slight *chronic* forms of laryngitis are caused from naso-pharyngeal catarrh, and can be cured by curing the catarrh which causes them. Graver forms are due either to syphillis or tubercular disease, and are to be treated by local applications. (See Bosworth on the *Throat*.)

When the art of making these applications is learned, it becomes a kind of fascination to make them. The whole process is visible in the mirror, and the art is soon learned.

Indeed it is astonishing to find how readily it can be done. Careful study of the methods described, and a little practice on a docile patient, will make any one a fair operator. There is no need of going abroad to learn these simple procedures. A little nerve and patient determination to do their own work is all that the majority of intelligent practitioners need to accomplish many things which they fear to attempt.

The *diseases of the pharynx* most commonly met with in general practice are:—

(1st) Acute catarrhal pharyngitis.
(2nd) Chronic catarrhal pharyngitis.
(3rd) Acute follicular pharyngitis.
(4th) Chronic follicular pharyngitis.

The symptons of *acute catarrhal pharyngitis* are too well known to require description. The proper treatment consists in beginning with a brisk mercurial cathartic—such as ten grains each of calomel and compound extract of colocynth, to be followed with ten to twenty drop doses of tincture of muriate of iron, and ten grains of chlorate of potash, in a little syrup of acacia and water, every two hours. The throat may be mopped twice daily with the same drugs, mixed with an equal quantity of glycerine, or, what is better still, the following prescription, which was kindly given me by Dr. W. H. Johnston, a prominent physician of this place, viz.:

℞ Acid tannici . . . one-half dram
Tinct. ferri . . . one-half ounce
Glycerin . . . . .
Aquae aa . . . . one ounce Misce.

This makes an ugly, black mixture, but is very efficient. In the treatment, gargles are of much service if the act be performed properly.

The usual method is wholly valueless, and does little more than add to the existing irritation. The proper method is to throw the head backwards; let the patient begin the act of swallowing, but before completing it, return the fluid he

was about to swallow to the mouth. This process reaches the whole faucial surface, as can be clearly proven by painting the posterior wall of the pharynx with iodine, and gargling with starch in solution. The characteristic reaction takes place, and the fluid returned is discolored by the presence of iodide of starch.

There is no better gargle for this condition than the saturated solution of chlorate of potash, to which carbolic acid may be added in the proportion of five drops to the ounce; or use tannin, if the parts be relaxed, in the proportion of one drachm to eight ounces of water. A brisk mercurial cathartic is always of service in all acute inflammations of the throat.

In some cases, patients find it more grateful to use the gargle hot. A favorite prescription of mine for the poor is one dram each ~~of salts~~ of borax and soda, to the pint of very hot water as a gargle. Cold cloths to the neck, covered with dry towels, make the best external application in the early stages. Steaming with the atomizer, charged with sedative substances, is comforting in some cases. Morphine may be used (one grain to the ounce of water), or paregoric —one dram to the ounce may be so used with caution.

Chronic Catarrhal Pharyngitis is exceedingly common. Indeed a distinguished laryngologist once said that, in America, he had never seen a perfectly healthy throat In the writer's experience, this condition is almost invariably the sequence of chronic naso pharyngeal catarrh, and requires the same kind of treatment. (See first part of this monograph.)

The solution of the nitrate of silver should not exceed twenty grains to the ounce, and should be applied every third day until the membrane resumes its normal color. Smoking, drinking and excesses should be strictly forbidden.

Acute Follicular Catarrh of the pharynx is recognized by the swollen and congested condition of the follicles on the post-pharyngeal wall, and often by the appearance of sebaceous matter in their apices. For this the same treatment

is indicated as in follicular tonsillitis, and the results are fully as striking Indeed we may call iron and nitrate of silver specifics in this trouble. (See treatment of follicular tonsillitis). In these two affections the nitrate of silver should be used exceptionally strong—forty grains of silver to an ounce of distilled water—being the best strength. One or two applications are sufficient.

In the *chronic form of Follicular Pharyngitis*, which is easily recognized by the studded appearance of the pharyngeal wall, due to the elevated follicles, nothing short of total destruction of the follicles will give relief. This is easily done by impaling each follicle with a red-hot spear-pointed wire, or by splitting each follicle and pressing into the wound a sharpened stick of nitrate of silver.

Before leaving the consideration of diseases connected with the pharynx, it is well to remind the reader of the possibility of *abcess* in this region, in all cases of sudden or slowly increasing suffocation. The possibility of this condition should be borne in mind, and the posterior wall of the pharynx ought to be examined, in all doubtful cases, by instruments, if required, and with the finger if necessary to detect pus, if present. Relief is prompt and striking where pus has formed, and is occluding the air passages, by incision with a long, straight blade, wrapped to within an inch of the point.